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Bib Data Sheet

CONFIRMATION NO. 6032

SERIAL NUMBER 10/812,812	FILING DATE 03/30/2004 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 074991.0102
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APPLICANTS

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** CONTINUING DATA ***** n/a mem

** FOREIGN APPLICATIONS ***** n/a mem

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** SMALL ENTITY **

** 06/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Maya M. Khan</i> Initials: <i>mem</i>				

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TITLE

Self-ligating lingual orthodontic bracket

FILING FEE RECEIVED 635	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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